Item 9, Film G158 10/2/53 fcy

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09356

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2; MARYLAND; LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) T. (Last) Ballard

4. DATE OF DEATH: (Month) September (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11-22-1871

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laber

10b. KIND OF BUSINESS OR INDUSTRY: Timber Cutter

11. BIRTHPLACE (State or foreign country): Somerset Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Samuel Ballard

14. MOTHER'S MAIDEN NAME: Clara Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Sarah E. Ballard - Rt. 2 - Pr. Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion - — Interval Between Onset and Death: —

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) died in his sleep - wife found — —

(c) he was dead about 7:00 A.M.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. H. Johnson M.D. (Degree or title) ADDRESS: Princess Anne Md. DATE SIGNED: Sept 28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 9-28-53 NAME OF CEMETERY OR CREMATORY: Cottage grove LOCATION (City, town, or county): Green Hill (State): md

DATE REC'D BY LOCAL REG. 9/28/53 REGISTRAR'S SIGNATURE: R. H. Johnson, M.D.

24. FUNERAL DIRECTOR: W. Graham H. Jones Jr. ADDRESS: Princess Anne md

RECEIVED
SEP 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09357

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 32
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 32
STREET ADDRESS (If rural give location) S. Somerset Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Franklin (Last) Daugherty
4. DATE OF DEATH: (Month) (Day) (Year) Sept. 3, 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 20, 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months 8 Days 13 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Hardware merchant
10b. KIND OF BUSINESS OR INDUSTRY: Retail hardware
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: William Edgar Daugherty
14. MOTHER'S MAIDEN NAME: Grace Sterling
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ethel P. Daugherty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610 X

Immediate cause (a) Uremia, acute Dil. of heart — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) prostatectomy, — 2 wks

DUE TO (c) enlarged, infected prostate

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug. 27-1953
19b. MAJOR FINDINGS OF OPERATION: Prostatectomy
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 1953, to Sept. 3, 1953, that I last saw the deceased alive on Sept. 3, 1953, and that death occurred at 10:30 AM, from the causes and on the date stated above.

SIGNATURE George E. Coulburn (Degree or title) M.D. ADDRESS Marion Sta. Md DATE SIGNED Sept. 5-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 6, 1953 NAME OF CEMETERY OR CREMATORY Sunny Ridge Cem. LOCATION (City, town, or county) (State) Crisfield, Somerset, Md.
DATE REC'D BY LOCAL REGISTRAR Sept. 5-1953 REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Durward Q. Covington ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09358

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH

COUNTY Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Hospital — LENGTH OF STAY (in this place) 32

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station X

STREET ADDRESS M. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) McKinley (Middle) (Last) Hall

4. DATE OF DEATH: (Month) Sept. (Day) 11, (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	Col.	Single	April 10, 1901	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Orderly for	Hospital	Marion Station, Som. Co	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Handy Hall	Lovy Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
4 No.		Geneva Hall - Marion Sta., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio Sclerosis

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.	Suddenly	Natural Cause

22. I hereby certify that I attended the deceased from ..... 19....., to Sept. 11, 19.53, that I last saw the deceased alive on Sept. 11, 19.53, and that death occurred at 9:40 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William H. Coulbourn M.D. Marion Sta. Md Sept. 12, 1953.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 14-53	ward memorial	Marion Somerset Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 12, 1953	Nellie D. Bayne	Charles H. Ward	marion md

RECEIVED
SEP 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9557

Reg. Dist. No. 362

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural give location): RFD 1

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) - (Last) HART

4. DATE OF DEATH: (Month) Sept (Day) 29, (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Male	Negro	Married	Sept 11, 1919	34 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farming	Florida 68	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Willie Lee Hart	Georgia King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No — None		Pauline King, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary Tuberculous with cavity.	2 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

002X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1952 19 to 9/29 19 53, that I last saw the deceased alive on 9/28, 19 53, and that death occurred at 3:40 PM from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Louis J. Llewelyn, M.D.	Pocomoke City	10/1/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-14-53	Tindly's Chapel Cem.	Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/14/53	Mrs. Orville Bozman	Dennis & Watson,	Pocomoke, Md.

mnt.

RECEIVED
OCT 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09359

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion X

LENGTH OF STAY (in this place) 85

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion X

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Holland

4. DATE OF DEATH: (Month) Sep (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Mar 15 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pocomoke City Worcester Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Holland

14. MOTHER'S MAIDEN NAME: on known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Arinthia M Holland Marion Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Uremia, Acute Del of heart — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis, Chronic Int Nephritis — Years

DUE TO

(c) General Arteriosclerosis — 1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at intervals, 1951, to Sep. 21, 1953, that I last saw the deceased alive on Sep. 20, 1953, and that death occurred at 1:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Coulburn M D — ADDRESS Marion Sta. Md — DATE SIGNED 9-21-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF Sept 22. 1953 — NAME OF CEMETERY OR CREMATORY Christ ME — LOCATION (City, town, or county) Carlton Sta Somerset Co (State) Md

DATE REC'D BY LOCAL REGISTRAR Sep. 21, 1953 — REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Charles H Ward — ADDRESS Marion Sta Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1953
BUREAU V. S.

Item 7, Film G158 10/1/53 fcy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion X; MARYLAND LENGTH OF STAY (in this place) 84; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion X; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Effie (Middle) (Last) Horsey

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: May 11 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Marion Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Noah Horsey

14. MOTHER'S MAIDEN NAME: Mary Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Thos I Huffington - Marion Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia - Acute Dil. of Heart — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Myocarditis & Nephritis & general arteriosclerosis — I saw attendant 5 days.

DUE TO (c) Ulcer of Leg -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 15, 1953, to Sep. 20, 1953, that I last saw the deceased alive on Sep. 20, 1953, and that death occurred at 3:00 PM, from the causes and on the date stated above.

SIGNATURE George E Faulkner (Degree or title) M D — ADDRESS Marion Sta. Md — DATE SIGNED 9-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 23-53 — NAME OF CEMETERY OR CREMATORY Waysmans — LOCATION (City, town, or county) (State) Marion Somerset Co Md

DATE REC'D BY LOCAL REGISTRAR Sep. 22, 1953 — REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Charles H. Ward — ADDRESS Marion Md.

VS. A15

RECEIVED
SEP 28 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne R.F.D.1
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location): Rural 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lola	May	Irvin	Sept. 25 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	colored	Married	Feb. 10, 1921	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer	Laborer	maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Hitch	Alberta Gale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	?	Mrs Alberta Hitch Pr. Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Drowned - Fell overboard about	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 12:30 September 25 1953 - body died	
(c) Not Come up until 6:30 A.M. Sept. 28. 1953	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R.T. Queen M.D Resident Medical Examiner — ADDRESS: Princess Anne Md — DATE SIGNED: Sept 29-1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-29-1953	Polk Road Cemetery	Near Princess Anne, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
9/29/53	R. H. Johnson, M.D.	Irvin R. Wilson — Princess Anne, Maryland

RECEIVED
SEP 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place) Nigers
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Blanche (Middle) (Last) Jones

4. DATE OF DEATH (Month) Sept (Day) 1 (Year) 1953

5. SEX Fem

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 5 1882

9. AGE last birthday 71 yrs. If under 1 year Months 5 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland Som. Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hampton Bivens

14. MOTHER'S MAIDEN NAME Hester Hughes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Frank Parker - Deal Island Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Bronchitis with

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 29, 1953, to Sept 1, 1953, that I last saw the deceased alive on Sept 1st, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edson G. Nevinson ADDRESS Princess Anne, Md DATE SIGNED Sept 4 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9/6/53

NAME OF CEMETERY OR CREMATORY A.M.E. Cemetery.

LOCATION (City, town, or county) Deal Island Md (State)

DATE REC'D BY LOCAL REG. 9/7/53

REGISTRAR'S SIGNATURE Lola L. Mueller mab

24. FUNERAL DIRECTOR L. Webster ADDRESS Deal Island Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AD.

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18, [illegible]63

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Somerset — STATE: MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield — LENGTH OF STAY (in this place): 24

HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital 30

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Crisfield X

STREET ADDRESS (If rural give location): Main Street, Extended

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day)	(Year)
Daisy	Mae	Jones	Sept. 26	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Feb. 1, 1906	47 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Virginia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Rome Lee	Pearl Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Walter Jones, Crisfield, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute Dil. of Heart. Toxemia — Interval Between Onset And Death: about 2 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Int. Nephritis & Rheumatic myocarditis — years

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Liver Nodular malignant? — months

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sep. 26-1953	enlarged nodular liver.	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at intervals, 1953, to Sep. 26, 1953, that I last saw the deceased alive on Sep. 26, 1953, and that death occurred at 7:15 P., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George E. Kellam M D	Marion Sta. Md	Sep. 29-1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 29, 1953	Sunny Ridge	Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sep. 29, 1953	Nellie D. Payne	Durward Q. Covington	Crisfield, Md.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 13 Chesapeake Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): 13 Chesapeake Ave

3. NAME OF DECEASED: (First) William (Middle) Wesley (Last) Morgan

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: March 25, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 5 Days 24 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood fisher

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Morgan

14. MOTHER'S MAIDEN NAME: Anna Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-03-1455

17. INFORMANT & ADDRESS: Mrs. Blanche Marshall, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 36 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Angina pectoris — 7 years

DUE TO

(c) Generalized arterio-sclerosis — years?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Sept, 1953, that I last saw the deceased alive on Sept. 18, 1953, and that death occurred at 12 30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Corr Cawley M.D. ADDRESS: Crisfield, Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Sept. 21, 1953 NAME OF CEMETERY OR CREMATORY: Sunny Ridge LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 9/21/53 REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Durward Q. Covington ADDRESS: Crisfield, Md.

VS. A15

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00265

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion X

LENGTH OF STAY (in this place) 5 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE [illegible] COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible] 17X-1

STREET ADDRESS (If rural give location) Unionville Section

3. NAME OF DECEASED: (Type or Print) (First) STEPHEN (Middle) SCHOOLFIELD (Last)

4. DATE OF DEATH: (Month) Sept. (Day) [illegible] (Year) 19 53

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 5, 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY: Masonry

11. BIRTHPLACE (State or foreign country). [illegible], Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Schoolfield

14. MOTHER'S MAIDEN NAME: Susie Boston

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Stephen Schoolfield, Jr.-Marion, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Acute Dil of Heart - Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Int. Nephritis &

DUE TO

(c) Chronic Myocarditis

Interval Between Onset And Death: 4 days / years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 21, 1953, to Sept. 8, 1953, that I last saw the deceased alive on Sept 8, 1953, and that death occurred at 9:25 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Coulbourn M.D. ADDRESS Marion Sta. Md DATE SIGNED 9-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 11, 1953

NAME OF CEMETERY OR CREMATORY Unionville Cemetery

LOCATION (City, town, or county) [illegible], Md. (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 10-1953

REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Bradshaw Funeral Parlor ADDRESS 531 Main St. - Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodes Point X

LENGTH OF STAY (in this place) lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS Smith Island

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodes Point X

STREET ADDRESS (If rural, give location) Smith Island

3. NAME OF DECEASED: (Type or Print) (First) W. (Middle) MAURICE (Last) SOMERS

4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 5, 1908

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Rhodes Point, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lora Somers

14. MOTHER'S MAIDEN NAME: Edna Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: 218-16-9147

17. INFORMANT & ADDRESS: Mrs. Madeline Somers-Rhodes Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
603X Immediate cause	(a) Pulmonary Edema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Renal Insufficiency	1 year
	DUE TO (c) Polycystic Disease of Kidneys	10 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952, to Sept. 26, 1953, that I last saw the deceased alive on Sept. 26, 1953, and that death occurred at 12 P.m., from the causes and on the date stated above.

SIGNATURE Barbara Hensel (DEGREE OR TITLE) M.D. ADDRESS Ewell DATE SIGNED 9/27/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Sept. 30, 1953 NAME OF CEMETERY OR CREMATORY Rhodes Point Cemetery LOCATION (City, town, or county) Rhodes Point, Md. (State)

DATE REC'D BY LOCAL REG. 9/30/53 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlor ADDRESS 531 Main St. - Rainfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15, 8-51

1

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Daugherty Confectionery

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Chesapeake Ave., Ext.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Algie (Last) Sterling
4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 9, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): employee
10b. KIND OF BUSINESS OR INDUSTRY: Confectionery Stores
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Algie Sterling
14. MOTHER'S MAIDEN NAME: Margaret S. Sterling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY No.: --
17. INFORMANT & ADDRESS: Ben F. Sterling--Chesapeake Ave., Ext. Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Natural Cause

22. I hereby certify that I attended the deceased from ..., 19 ..., to ..., 19 ..., that I last saw the deceased alive on ..., 19 ..., and that death occurred at 5:55 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Wm. H. Coulbourn M.D. ADDRESS Crisfield Md DATE SIGNED 9.21.53

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Sept. 22, 1953
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REGISTRAR 9/21/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors ADDRESS 531 Main St. - Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 -1

RECEIVED
SEP 26 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09368

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 32 Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Richardson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 32
STREET ADDRESS (If rural give location) 209 Richardson Ave.

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) STANFORD (Last) THOMAS

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: March 27, 1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: for himself
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harvey Thomas
14. MOTHER'S MAIDEN NAME: Eleanor Denson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) --
16. SOCIAL SECURITY No.: --
17. INFORMANT & ADDRESS: 209 Richardson Ave. Mrs. Elizabeth Thomas- Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1953, to Sept 18, 1953, that I last saw the deceased alive on Sept 18, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. N. Barr, M.D. ADDRESS Crisfield Md DATE SIGNED Sept 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Sept. 21, 1953
NAME OF CEMETERY OR CREMATORY Crisfield Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 9/19/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors- ADDRESS Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09369

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin X
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS McKinley X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) (Day) (Year) Sept 11 1953

5. SEX: Fem

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Apr 10-1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): westover somerset co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hairam Ballard

14. MOTHER'S MAIDEN NAME: Ellen Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Charles Wilison Manokin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 444X

Immediate cause (a) Acute Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6 on arrival 1953 to 9/11, 1953 that I last saw the deceased alive on....., 19....., and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Thos. [illegible] M.D. Princess Anne Md. 9/11/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Sept 15-53

NAME OF CEMETERY OR CREMATORY: Samuel Wesley

LOCATION (City, town, or county) (State): Manokin somerset co. Md

DATE REC'D BY LOCAL REG. 9/12/53

REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. Jt.

24. FUNERAL DIRECTOR ADDRESS: Charles H Ward Marion Sta, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AM 8-51

M

1

T

RECEIVED
SEP 16 1953
BUREAU V. S.